

TO: Phone: Fax: Date:

FROM: Phone: Fax:

**Carrier Information for Compliance Reviews**  
**Return this page by facsimile (with requested documentation) to (add your fax number).**

***General Information:***

Full legal name of company: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Full name(s) of owner(s), or if incorporated, a list of corporate officials and titles.

Employer Identification Number or Social Security Number (as used for heavy vehicle use tax):

EIN: \_\_\_\_\_ -or- SSN: \_\_\_\_\_

Gross revenue: \$ \_\_\_\_\_ US, for calendar or fiscal year ending date: \_\_\_\_\_

Total fleet mileage (including leased operators) for past four complete quarters: \_\_\_\_\_

**Canadian motor carriers must only provide mileage generated in the United States**

List commodities transported and indicate what hazardous materials, if any, are transported.

***Accident Information:***

Provide, by facsimile, a list of all accidents (regardless of whether or not your driver was found to have been "at fault") for the past 365 days, including driver's full name, accident date, number of fatalities and/or injuries and number of vehicles requiring tow for disabling damage. Indicate whether or not driver was cited for a moving violation in conjunction with the accident. **Canadian motor carriers must only provide information on accidents that occurred in the United States.**

Also provide, by facsimile, a copy of a current insurance loss run report covering the past 365 days.

***Driver Information:***

Provide, by facsimile, a list of all drivers used within the past 365 days. Indicate full name (as indicated on driver's license), date of birth, driver's license state and number, date of hire and, if applicable, date of termination. Be sure to include drivers leased to your company as well as company-employed drivers. Identify any driver used exclusively to transport intrastate freight or (for Canadian carriers) used exclusively to transport within Canada. All other drivers will be considered to be available to transport interstate freight in the United States.

***Information provided by:***

Name: (Print or Type): \_\_\_\_\_ Title:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Carrier Information for Compliance Reviews**  
**As applicable, have the following available at time of review.**

**Identify person responsible for each of the following:**

Overall safety	Accident register/insurance claims	Driver qualification
Alcohol and controlled substances testing	Hours of service/records of duty status	Dispatch
Payroll	Driver reimbursement	Fuel Reporting
Customer Billing	Remote terminal locations (name, location, phone number)	

**Insurance & Economic Documentation:** Have available a current copy of Form MCS-90 insurance endorsement, if applicable. Also if applicable, have available a copy of Form BOC-3.

***Accident Records:***

Have available for review all records related to accidents for past 365 days, including an accident register and any insurance and/or state accident reports maintained. Include all accidents resulting in fatality, injury and/or tow-- regardless of whether or not your driver or leased driver was found to have been "at fault."

***Driver Qualification :***

Have available for review, driver qualification files for all drivers used within the past 12 months. If your company operates with drivers assigned to various locations or functions, be prepared to identify each driver's status. (i.e., terminal location, local vs. long haul, van vs. flat bed operations, leased vs. company, etc.)

***Hours of Service:***

Provide a driver specific listing showing assigned units and account numbers for phone and/or fuel charges for all drivers, including leased operators, used within the past six months.

Have available all records of duty status for previous six months for all drivers, including leased operators. Also have available all supporting documents (i.e., trip envelopes, driver expense receipts, telephone records, fuel reports, dispatch logs, payroll records, bills of lading, etc.) for previous six months for all drivers.

***Equipment/Maintenance:***

For previous 12 months, provide a list showing all equipment owned/leased/trip leased and operated in intra and interstate commerce. Designate type of equipment--trucks, tractors, trailers, HM cargo tank trucks, HM cargo tank trailers, buses. If applicable, indicate terminal locations and/or date removed from service.

Have available all maintenance files and records for each unit, including leased units. Files and records include evidence of annual inspections, repair receipts, maintenance schedules, qualification of persons performing annual inspections and/or brake repair and adjustments. Also have available copies of drivers' daily vehicle inspection reports for the last three months.

***Hazardous Materials Records (if applicable):***

Have available a current copy of DOT/RSPA HM registration, HM training materials and records of such training. Also have available a copy of the most recent shipping document for each class of materials transported.

***Controlled Substances and Alcohol Testing Administrative Records:***

Have available for review all administrative records related to alcohol and controlled substances testing. If you are enrolled with a consortium, obtain from the consortium and have available for review the consortium's current list of drivers for your company.

Other records to have available include quarterly reports, driver population lists and updates, random selection lists, test documentation, education materials provided to drivers and your written policy.